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## Trade and Service Marks - Registration

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FILED

JAN 13 2021

OREGON  
SECRETARY OF STATEREGISTRY NUMBER: ~~1332464-96~~

51327

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.  
We must release this information to all parties upon request.

For office use only

Please Type or Print Legibly in Black Ink. Attach additional Sheets if Necessary.

## 1) CORRESPONDENT NAME:

Kristen Poppert

## MAILING ADDRESS:

377 SW Century Drive Bend Ste 206, OR 97702

2) APPLICANT'S NAME: (Owner: ☐ Individual or ☒ Entity)

Thriving Families LLC

## ADDRESS:

377 SW Century Drive Bend Ste 206, OR 97702

## 3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION:

Oregon

## 4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS:

## 5) DESCRIPTION OF TRADE OR SERVICE MARK: (Include all words, designs and borders that comprise the mark) (Attach additional page if needed.)

Thriving Families LLC

6) SPECIMEN OF MARK IS REQUIRED: ☒ Attach a drawing or photocopy of the mark as it is actually used to this application.

## 7) GOODS OR SERVICES WITH WHICH THE MARK IS USED: (Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.)

mental health therapy/counseling

## 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.)

to identify name of business on office space, clinical forms, invoices, marketing materials, website, etc.

## 9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a)

142

## 10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:

6/9/2017

## 11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:

6/9/2017

## 12) EXECUTION:

I, the applicant, own the mark, the mark is in use, and no other person has registered the mark with the federal government or in Oregon or has the right to use the mark or a mark that so resembles the mark as to be likely to cause confusion or mistake or deceive when applied to the goods or services of the other person. I declare under penalties of perjury that this application is true, correct and complete.

(If applicant is an entity, a member of a firm, officer of the corporation, officer of the limited liability company, or officer of an association must sign.)

Signature:

Title:

Date:

owner

12/30/20

CONTACT NAME: (To resolve questions with this filing.)

Kristen Poppert

PHONE NUMBER: (Include area code.)

541-668-6891

## FEES

Required Processing Fee \$50.00

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

1-13-21  
per call  
case # 663209  
sec. 5 TJ.  
11/7/21 25/2/1 \$50 -

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